

Work Order ID 116771

116771

Page 1

April-24-14 7:36:35 AM

Item ID: 646.9710

646.9710
B116771

Accept

N900040100

Setup Start *NS1*

Revision ID:

Item Name: Body

Stop *NS2*

Start Date: 4/23/14

Start Qty: 12.00

12

Cust Item ID:

Required Date: 4/23/14

Req'd Qty: 12.00

12

Customer:

Reference:

Approvals:

Process Plan: MLS

Date: 14-04-25

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start *NR1*

Stop *NR2*

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

Draw Nbr

Revision Nbr

646.9700

C

100

0.00

100

BAND SAW

0.00

Bandsaw

Memo

Jeaspa Bandsaw

Cut Blank at 7.425"

DAS
02
9-89

14 06 04 (x12)

110

0.00

110

HAAS CNC VERTICAL MACHINING #1

0.00

HAAS 1

Memo

HAAS CNC vertical machine #1

1-Machine per folio FB130

DWG REV: C

FOLIO REV: AA

2- deburr and break all sharp edges

14/06/07

12 18

DAS
14
9-89

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Design <input type="checkbox"/>												
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Handling/Pre <input type="checkbox"/>												
Material <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Offset/Setup <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Transport <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function			<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence			<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Work Order ID 116771

April-24-14 7:36:35 AM

116771

Page 2

Item ID: 646.9710

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Body

Stop

NS2

Start Date: 4/23/14

Start Qty: 12.00

12

Cust Item ID:

Required Date: 4/23/14

Req'd Qty: 12.00

12

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID Tool # Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

120

QC2- Inspect parts off machine FAI/FAIB

0.00

14/06/07

12

DAS
14
9-89

120

QC

Memo

0.00

Quality Control

130

QC8- Inspect parts - second check

0.00

12

DAS
25
9-89

130

QC

Memo

0.00

Quality Control

131

0.00

131

HandFinish

Memo

0.00

Hand Finishing

Clean & remove markings (acid etch only)

14.06.09

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 116771

116771

Page 3

April-24-14 7:36:35 AM

Item ID: 646.9710

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: Body

Start Date: 4/23/14

Start Qty: 12.00

12

Cust Item ID:

Required Date: 4/23/14

Req'd Qty: 12.00

12

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

140

Outsource process-Anodize per QSI017 4.1.10.1

0.00

140

Outsource4

Memo

0.00

Outsource process - Anodize

Issue P/O to ATG :

24541

1- Black Anodize as per Dwg 646.9700

2- PRIME AS PER DWG, SEE NOTE #2

Certification of Comformity is required

CL 14/06/10 12

150

Receive & Inspect for Damage & Mat'l Certs

0.00

150

Packaging

Memo

0.00

Packaging

14/4/10 12

155

QC5- Inspect part completeness to step on W/O

0.00

155

QC

Memo

0.00

Quality Control

DAS
27
9-89
14/6/23

12

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Design											
Doc/Data											
Equip/Tooling											
Handling/Pre											
Material											
Operator											
Offset/Setup											
Process											
Supplier											
Training											
Transport											
Unapproved											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Work Order ID 116771

April-24-14 7:36:35 AM

116771

Page 4

Item ID: 646.9710 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Body
 Start Date: 4/23/14 Start Qty: 12.00 ***12*** Cust Item ID:
 Required Date: 4/23/14 Req'd Qty: 12.00 ***12*** Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
180	Identify as per dwg & Stock Location: <u>MF</u>	0.00							
180									
Packaging	Memo	0.00							
Packaging	***IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV***								
190	QC21- Final Inspection - Work Order Release	0.00							
190									
QC	Memo	0.00							
Quality Control									

12x DAS 28 9-89 JUN 26 2014

MLJ 14-06-26

MF
14-6-26

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%; border: none;"> <tr> <td style="width:15%;">Skid-tube <input type="checkbox"/></td> <td style="width:15%;">Crosstube <input type="checkbox"/></td> <td style="width:15%;">Water Jet <input type="checkbox"/></td> <td style="width:15%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

April-24-14 7:36:38 AM

Page 1

Work Order ID: 116771

116771

Parent Item: 646.9710

646.9710

Parent Item Name: Body

Start Date: 4/23/14

Required Date: 4/23/14

Start Qty: 12.00

Required Qty: 12.00

Comments: IPP REV:A NEW ISSUE 12/10/04 JFS VERIFY BY: DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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M7075T6B5.000X1.000		Purchased	No			100	f	211.0800	0.62	7.831579			
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M7075T6B5 000X1 000

DAS 14-06-04

7075-T6 BAR 5.000" X 1.000"

02
9-89

Location

Loc Qty

Loc Code

MAT008

211.08

125554

2

M125997

1

M126981

36

M127481

172.08

x 7-8

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%; border: none;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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DART AEROSPACE LTD		Work Order:	116771
Description: Body		Part Number:	646.9710
Inspection Dwg: 646.9700 Rev: C		Page 1 of 2	

FIRST ARTICLE INSPECTION CHECKLIST

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
0.13 x 45°	+/-0.010 x 0.5°	.130 X 45°	—		Vern	M-L-OL
1.500	+/-0.005	1.500	—		"	
0.352	+0.005/-0.000	.353	—		"	
0.10 x 45°	+/-0.010 x 0.5°	.100 X 45°	—		"	
0.875	+/-0.005	.880	—		"	
0.700	+/-0.005	.700	—		"	
5.500	+/-0.005	5.500	—		"	
0.660	+/-0.005	.660	—		"	
0.660	+/-0.005	.660	—		"	
0.278	+/-0.002	.278	—		H-G	3/006
0.339	+/-0.002	.339	—			
0.352	+/-0.002	.352	—			
0.372	+/-0.002	.372	—			
1.067	+/-0.002	1.067	—			
2.608	+/-0.002	2.608	—			
2.750	+/-0.002	2.750	—			
2.892	+/-0.002	2.892	—			
3.348	+/-0.002	3.348	—			
3.597	+/-0.002	3.597	—			
3.847	+/-0.002	3.847	—			
0.351	+/-0.002	.351	—			
0.544	+/-0.002	.544	—			
2.195	+/-0.002	2.195	—			
2.304	+/-0.002	2.304	—			
2.451	+/-0.002	2.451	—			
2.639	+/-0.002	2.639	—			
3.395	+/-0.002	3.395	—			
3.495	+/-0.002	3.495	—			
4.551	+/-0.002	4.551	—			
4.595	+/-0.002	4.595	—			
4.687	+/-0.002	4.687	—			
4.734	+/-0.002	4.734	—			
6.651	+/-0.002	6.651	—			

DART AEROSPACE LTD		Work Order:	116771
Description: Body		Part Number:	646.9710
Inspection Dwg: 646.9700 Rev: C		Page 2 of 2	

FIRST ARTICLE INSPECTION CHECKLIST

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
Ø0.201	+0.005/-0.001	Ø.200	—		Vern	HL-OL
Ø0.177	+0.005/-0.001	Ø.177	—		"	
7.026	+/-0.005	7.026	—		"	
4.245	+/-0.005	4.245	—		"	

Measured by: <i>mf</i> DAS 14 9-99	Audited by: DAS 25 9-99	Preliminary Approval:
Date: 14/06/07	Date: 14-6-9	Date:

Rev	Date	Change	Revised by	Approved
A	13.06.03	New Issue	KJ	
B	13.07.18	Dwg Rev updated	KJ	
C	14.01.21	Dwg Rev updated	KJ	

APICAL

INDUSTRIES, INC.

ENGINEERING CHANGE NOTICE NO. 04039

SHEET 1 OF 1

DWG NO. 646.9700

REV: B

PREPARED
BY

D. PETERS

DATE: 08/09/13

EFFECT ON DWG:
☒ INC. ☐ UNINC.

DWG TITLE: CUTTER SUB ASSY

APPROVED BY:

ENGR

MFG

QC

EFF:

NEXT ORDER

TRANSACTION CODES (TC):

A-ADD C-CREATE
R-REVISE D-DELETE

REASON: MARKED INSPECTION DIMENSIONS

ECR:

NONE

116771 MLS
1404-25

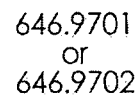
DOCUMENTS EFFECTED:

☐ RFMS ☐ MDL ☐ INSTALL INSTRUC ☐ ICA ☐ BOM

CHANGE CATEGORY
☐ MAJOR ☒ MINOR

DER REVIEW REQUIRED
☐ YES ☒ NO

REVISIONS			
REV.	DESCRIPTION	DATE	APPROV.
	LAST PROTOTYPE REVISION: 789		NJC
NJC	INITIAL RELEASE	03/29/09	P. BRAVO
A	INCORPORATED ECH 027.44, 03038, 03719	06/06/13	P. BRAVO
B	INCORPORATED ECH 03397	07/20/13	P. BRAVO
C	INCORPORATED ECH 04039	09/09/13	P. BRAVO



① MATERIAL: ALUMINUM 7075-T651 PER AMS-QQ-A-250/12

② FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III;
CLASS 2, COLOR BLACK;
PRETREAT PRC-DESOTO PR-148 ADHESION PROMOTER;
PRIME IAW MIL-P-23377 J TYPE I CLASS N; 1-2 MIL MAX

③ MATERIAL: AISI A2 TOOL STEEL
CONDITION: ANNEALED
POST PROCESS: HEAT TREAT TO 58-62 Rc ROCKWELL HARDNESS

④ FINISH: PRIME IAW MIL-P-23377 J TYPE I CLASS N; 1-2 MIL MAX






5. DEBURR AND BREAK ALL SHARP EDGES EXCEPT WHERE OTHERWISE NOTED

6. IDENTIFY IAW MPP-120

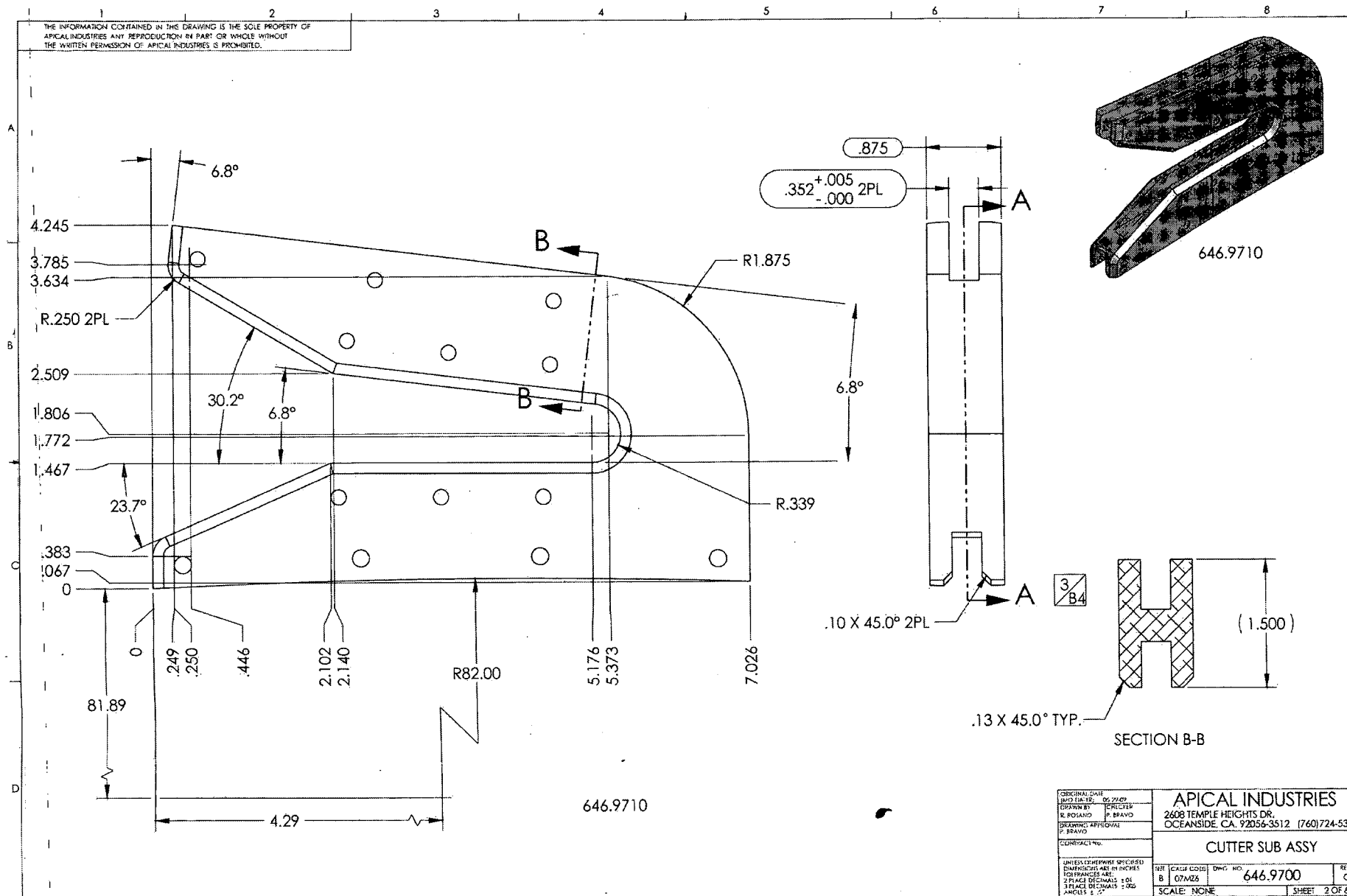
⑤ APPLY F/N 5 AS REQUIRED TO ALL FAYING SURFACES OF F/N 2 UPON ASSEMBLY

⑥ CUTTING EDGE INTENDED TO BE SHARP. DO NOT BREAK SHARP EDGE

⑦ ALL DIMENSIONS NOT SPECIFIED ARE CONTROLLED BY 646.9710.

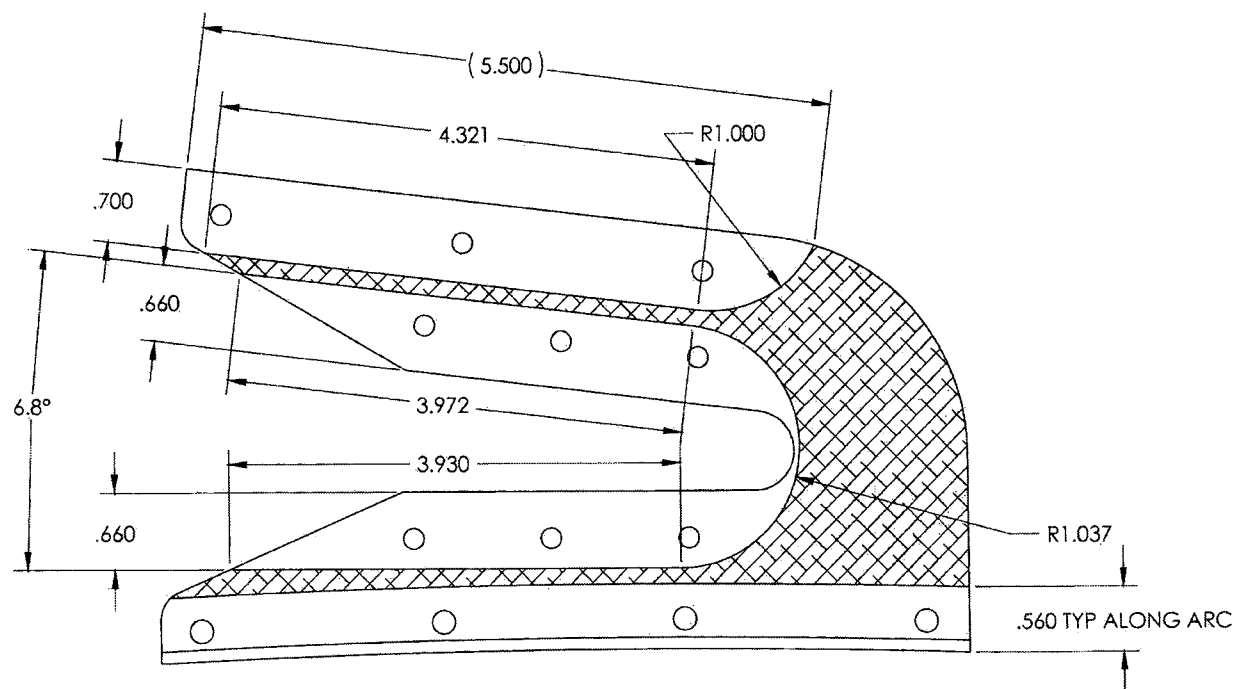
1	7	646.9712	BODY (U CHANNEL)		
6	6	601.1541	LOCKNUT	N/521042108	
A/R	A/R	601.2764	RTV. LOCITE 598		
12	12	4 601.2764	WASHER	N/311-41E18329	
6	6	3 601.2765	SCREW	M527209-0819	
2	2	2 646.9711	BLADE		
	1	1 646.9710	BODY		
		646.9702	CUTTER SUB ASSY (U CHANNEL)		
		646.9701	CUTTER SUB ASSY		
W32	W21	FIND #	PART #	DESCRIPTION	MAT'L SPEC.
QTY				PARTS LIST	
NEXT ASSY (S)				APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	
646.9600				CUTTER SUB ASSY	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 2 PLACE DIMENSIONS ± .015" 3 PLACE DIMENSIONS ± .005" ANGLES ± .5°			R/C CASE CODE B 07M36 SCALE NONE		
DIMENSIONAL DATE DIMO DATE: 12/25/09 DRAWING BY: P. ROSALES P. ROSALES DIMENSIONAL APPROVAL P. ROSALES 12/22/09 COMMENTS: (N)			DWG. NO. 646.9700		
			R/C 1 SHEET		
			OF 6		

THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF APICAL INDUSTRIES ANY REPRODUCTION IN PART OR WHOLE WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.



ORIGINAL DATE AND EXPIRY: 05 JUL 85	<h1>APICAL INDUSTRIES</h1> <p>2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760)724-5300</p>		
DESIGNED BY R. POLANO	DESIGNED BY P. BRAVO		
DRAWING APPROVAL P. BRAVO			
CLIENT ACCT NO.			
<p>UNITED STATES PATENT & TRADEMARK OFFICE 2 PLACES OF ORIGIN: 101 2 PLACES OF ORIGIN: 101 2 PLACES OF ORIGIN: 101 2 PLACES OF ORIGIN: 101</p>			
PART NO. 07M26 SCALE: NONE		DWG. NO. 646.9700 SHEET 2 OF 6	

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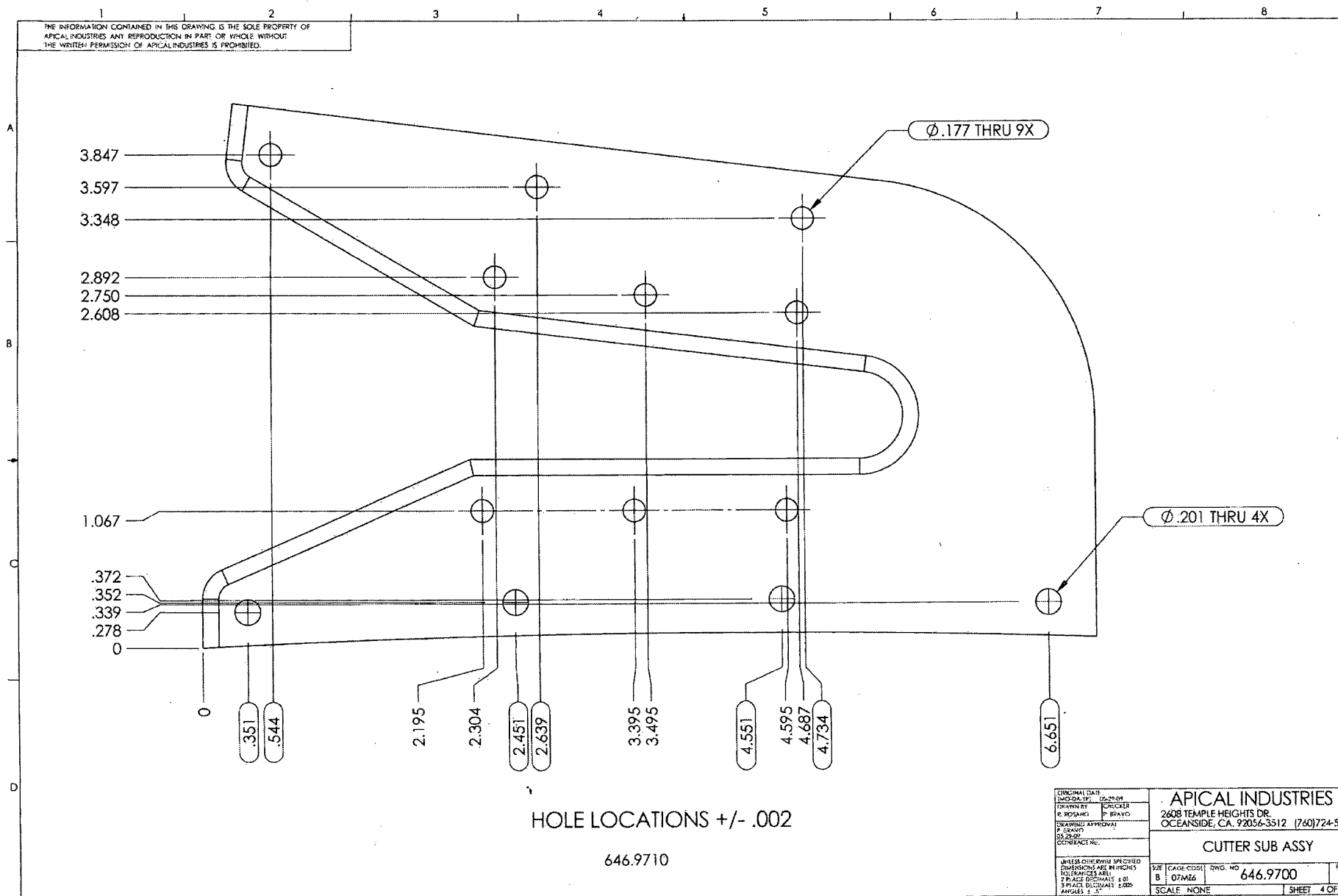


SECTION A-A $\frac{2}{C6}$

646.9710

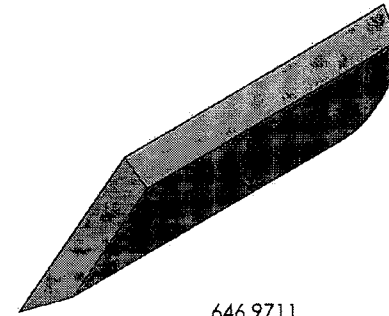
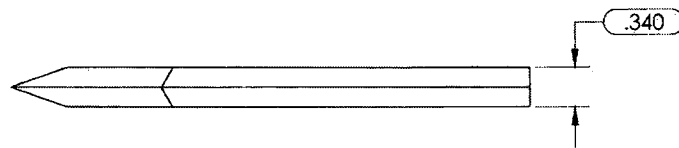
ORIGINAL DATE JUN 04/93		APICAL INDUSTRIES	
DESIGNED BY P. ROSANO		2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300	
DRAWING APPROVAL P. ROSANO		CUTTER SUB ASSY	
CONTRACT NO.		SUB B	REV. C
DIMENSIONS UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES FRACTIONS ARE: 3 PLACE DECIMALS & 000 ANGLES 1/2°		DWG. NO. 646.9700	
		SCALE NONE	SHEET 3 OF 4

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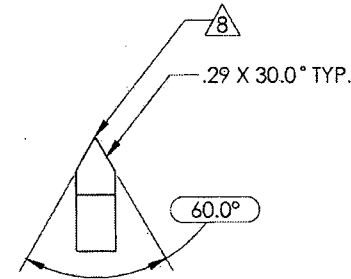
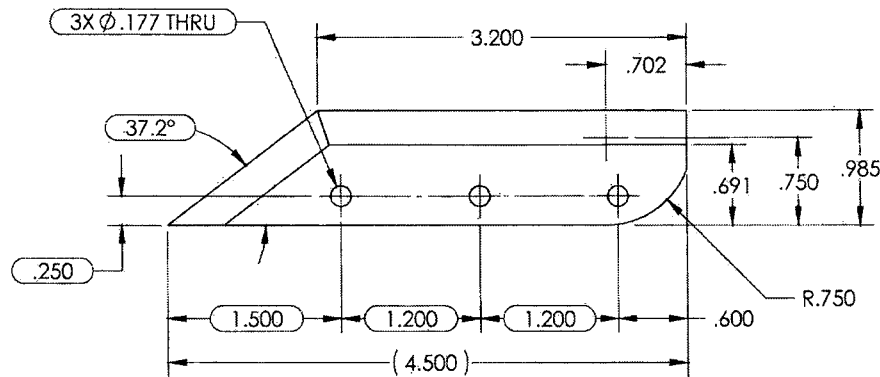


ORIGINAL DATE: 05-07-08		APICAL INDUSTRIES	
DRAWN BY: R. BOYAKI	CHECKED BY: P. BOYAKI	2608 TEMPLE HEIGHTS DR.	
DRAWING APPROVAL: P. BOYAKI		OCEANSIDE, CA. 92056-3512 (760)724-5300	
CONTRACT NO.:		CUTTER SUB ASSY	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES FRACTIONS ARE 16THS 2 PLACE DECIMALS 1/10 3 PLACE DECIMALS 1/100 ANGLES 1/2°		SIZE: 07MM6	REV: C
SCALE: NONE		DWG. NO: 646.9700	SHEET: 4 OF 6

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THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.



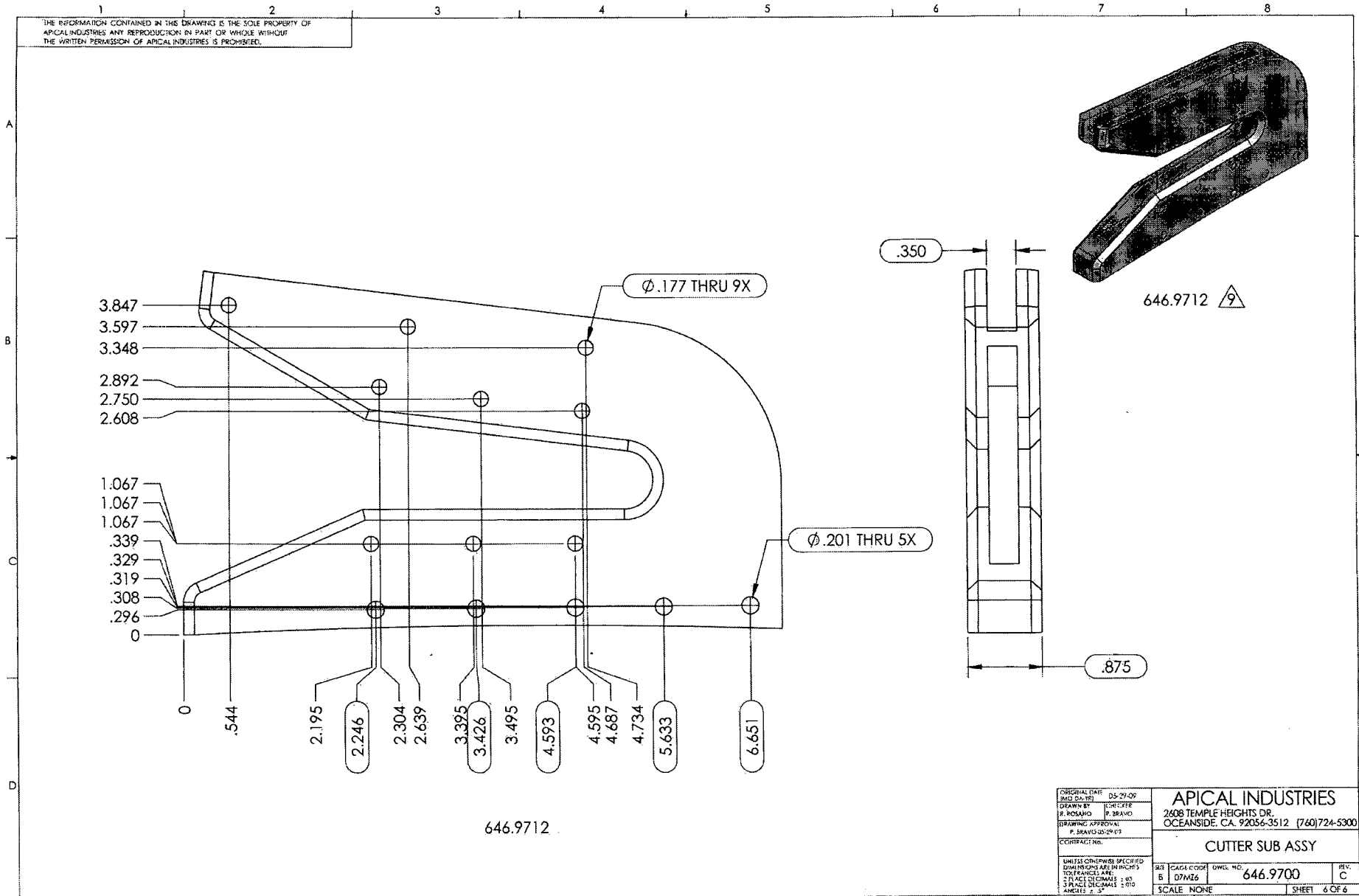
646.9711



646.9711

ORIGINAL DATE 10/01/12 05:28:00		APICAL INDUSTRIES	
DRAWN BY P. KODANO		2608 TEMPLE HEIGHTS CR. OCEANSIDE, CA. 92056-3512 (760)724-5300	
CHECKED BY P. BRAVO		CUTTER SUB ASSY	
DRAWING APPROVAL P. BRAVO		DWG. NO. 646.9700	
CONTRACT NO.		REV. C	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 3 PLACE DECIMALS ±.003 ANGLES ±.5°		SCALE NONE SHEET 5 OF 6	

THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF APICAL INDUSTRIES. ANY REPRODUCTION IN PART OR WHOLE WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.



ORIGINAL DATE (M/D/YR) 05-29-09		APICAL INDUSTRIES	
REV: 02-10-10		2608 TEMPLE HEIGHTS DR.	
DRAWN BY: J. ROSARIO		OCEANSIDE, CA. 92056-3512 (760)724-5300	
CHECKED BY: P. BRAVO		CUTTER SUB ASSY	
DRAWING APPROVAL: P. BRAVO 05-29-09		SHEET 6 OF 6	
CONTRACT NO.		SCALE: NONE	
UNITS: DIMENSIONS SPECIFIED IN INCHES UNLESS OTHERWISE NOTED		SHEET 6 OF 6	
TOLERANCES: FRACTIONS: 1/16, 1/8, 1/4, 1/2, 3/4, 1, 2, 3, 4, 5, 6, 8, 10, 12, 16, 20, 24, 32, 40, 48, 60, 72, 96, 120, 144, 180, 240, 360, 480, 720, 1440, 2880, 5760, 11520, 23040, 46080, 92160, 184320, 368640, 737280, 1474560, 2949120, 5898240, 11796480, 23592960, 47185920, 94371840, 188743680, 377487360, 754974720, 1509949440, 3019898880, 6039797760, 12079595520, 24159191040, 48318382080, 96636764160, 193273528320, 386547056640, 773094113280, 1546188226560, 3092376453120, 6184752906240, 12369505812480, 24739011624960, 49478023249920, 98956046499840, 197912092999680, 395824185999360, 791648371998720, 1583296743997440, 3166593487994880, 6333186975989760, 12666373951979520, 25332747903959040, 50665495807918080, 101330991615836160, 202661983231672320, 405323966463344640, 810647932926689280, 1621295865853378560, 3242591731706757120, 6485183463413514240, 12970366926827028480, 25940733853654056960, 51881467707308113920, 103762935414616227840, 207525870829232455680, 415051741658464911360, 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PLATING DEPARTMENT
Rockland, On K4K 1T2
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Ph: (613) 446-4544
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Pack List

Number: 63109

Date: 20-Jun-14

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To


DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via	
Quantity	Description		
1 lot	Part: ASST 12 PCS 646.9710 (14.50) 5 PCS 649.8310 (14.50) 6 PCS 646.9811 (32.60) 4 PCS 647.9412 (31.60) 4 PCS 649.5312 (10.70) 4 PCS 649.5310 (11.45) HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 PRIME MIL-P-23377J TYPE I CLASS N PRICE IS PER PIECE Job: 20140381	Rev:	PO: 24541
Certificate of Conformance		Line:	
A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.			
ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY			
DATE : 20/6/14			
CERTIFIED SIGNATURE : 			
RECEIVER SIGNATURE : _____			